

Meeting Minutes
Health Information Technology Council Meeting

October 7, 2013
3:30 – 5:00 P.M.

One Ashburton Place, 21th floor Matta Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	<i>(Chair) Secretary of the Executive Office of Health and Human Services</i>	Yes
Manu Tandon	<i>(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator</i>	Yes
John Letchford	<i>Chief Information Officer, Commonwealth of Massachusetts</i>	No ¹
David Seltz	<i>Executive Director of Health Policy Commission</i>	yes
Aron Boros	<i>Executive Director of Massachusetts Center for Health Information and Analysis</i>	Yes
Laurance Stuntz	<i>Director, Massachusetts eHealth Institute</i>	Yes
Eric Nakajima	<i>Assistant Secretary for Innovation Policy in Housing and Economic Development</i>	Yes
Patricia Hopkins MD	<i>Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)</i>	Yes
Meg Aranow	<i>Senior Research Director, The Advisory Board Company</i>	yes
Deborah Adair	<i>Director of Health Information Services/Privacy Officer, Massachusetts General Hospital</i>	No
John Halamka, MD	<i>Chief Information officer, Beth Israel Deaconess Medical Center</i>	No
Normand Deschene	<i>President and Chief Executive Officer , Lowell General Hospital</i>	No
Jay Breines	<i>Executive Director, Holyoke Health Center</i>	No
Robert Driscoll	<i>Chief Operations Officer, Salter Healthcare</i>	Yes
Michael Lee, MD	<i>Director of clinical Informatics, Atrius Health</i>	Yes
Margie Sipe, RN	<i>Nursing Performance Improvement Innovator, Lahey Clinic</i>	Yes
Steven Fox	<i>Vice President, Network Management and Communications, Blue Cross Blue Shield MA</i>	Yes
Larry Garber, MD	<i>Medical Director of Informatics, Reliant Medical Group</i>	Yes
Karen Bell, MD	<i>Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED</i>	Yes
Kristin Madison	<i>Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences</i>	Yes
Daniel Mumbauer	<i>President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA</i>	Yes
Kristin Thorn	<i>Acting Director of Medicaid</i>	Yes

Guest

Name	Organization
Robert McDevitt	EOHHS
Nick Welch	EOHHS

¹ Darrel Harmer, Chief Capital Planning Officer, Information Technology Division attended the meeting in proxy for John Letchford

Kathleen Snyder	EOHHS
Claudia Boldman	ITD
Sean Kennedy	MeHI
Jennifer Monahan	MAeHC
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Carol Jeffery	MAeHC
David Smith	MA Hospitals
Lisa Fenichel	Consultant
Sarah Moore	Tufts Medical Center
Dave Bachard	NEQCA
Nicole Heim	Milford Regional Medical Center

Meeting called to order – minutes approved and motion for HIE fund expenditure

The meeting was called to order by Secretary John Polanowicz at 3:34 P.M.

The Council reviewed minutes of the September 9, 2013 HIT Council meeting. The minutes were approved as written.

Manu Tandon, EOHHS CIO, presented background and a motion to authorize expenditure from the Health Information Exchange Fund (HIE Fund).

Each Council member was provided with a official copy of a resolution to approve of expenditures from the Massachusetts Health Information Exchange Trust Fund. A copy of the approved resolution is included in the last page of these minutes.

(Slide 3) Motion to Authorize HIE Fund Expenditure - Background- The council was provided with background information on the HIE Fund created by Chapter 224. The fund was created for collection of voluntary contributions from HIway members and for reasonable expenditures by the Executive Office of Health and Human Services (EOHHS) for the Mass HIway dissemination and development. Fund contributions are applied as private share match for federal 90/10 funds provided by the Centers for Medicare and Medicaid Services (CMS). Since October of last year there have been \$200,780 in voluntary contributions from organizations connecting to the HIway.

Section 5 of Chapter 118I requires the Health Information Technology Council (HIT Council) to approve all HIE Fund expenditures. Funds must be used for “reasonable expenditures” and full language from section 10 is provided in the presentation package. This will allow for the \$200,780 to be spent to offset Mass HIway costs. The Executive Office of Health and Humans Services can provide expenditure updates as the Council sees fit.

- Question (Secretary Polanowicz): Do we have to come to the HIT Council for each expenditure or allocation? How do you envision the approval process; monthly, quarterly, yearly?

- Answer (Manu Tandon): EOHHS has landed on a six month reporting period and would like to immediately vote to spend the money in the account now. The annual renewal payments will be coming in and are projected to be \$500,000.
- Comment (Secretary Polanowicz): Before the next round of funds it would be good financial practice to see the kinds of expenditures and expenditure projections.
- Comment (Lawrence Stuntz): We have started to review and update the rate card which will help with projections. Last October, the Massachusetts eHealth Institute (MeHI) said around October 2013 they will update the rate card.
- Comment (Secretary Polanowicz): An updated rate card should be presented sooner than later - the people queued up now may not expect a rate change. The HIT Council will need to be cognizant of the changes in rates, especially if the numbers goes up.
- Comment (Manu Tandon): There is no official expiry of the current rate card, it is just good practice to update it regularly. We do not expect rates to increase and will most likely just introduce new line items.
- Questions (Karen Bell): When can we expect to see the next projected budget?
 - Answer (Manu Tandon): Whenever the Council sees fit, but our plan is to provide an update every six months. This update would include not only a reporting of all of the monies received and expended during the reported 6 month period, but also projections for the next 6 months.

(Slide 4) Motion to Authorize HIE Fund Expenditure

The motion to authorize the HIE Fund Expenditure was made by Secretary Polanowicz and seconded by Dr. Garber.

Motion: The HIT Council approves EOHHS' request to expend monies from the HIE Fund for the payment of ongoing operational costs necessary to support the dissemination and development of the MA Hlway. EOHHS will provide reporting documentation to the HIT Council on a periodic basis regarding the expenditure of monies from the HIE Fund. Resolution proposed by EOHHS will be adopted and incorporated into the minutes.

The motion passed unanimously with no abstentions.

Discussion Item 1: Hlway Client Implementation Update (Slides 6-18)

See slides 6-18 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Nicole Heim, Chief information Officer of Information Systems at Milford Regional Medical Center (MRMC), presented slides explaining the organization's experience joining the Mass Hlway.

(Slide 7&8) Milford Regional Medical Center: The MRMC is a full-service, community and regional teaching hospital serving 20 plus towns. (A map of the locations served was provided.) Throughout the communities there are over 20 different agencies that MRMC transitions patients to.

(Slide 9) Decision to Connect to the Mass Hlway: The Hlway supports MRMC's efforts to reduce readmissions. We have formed a Patient Centered Transitions (PaCT) team and participate in the State Action of Avoidable Re-hospitalizations Initiative (STAAR). There is one team focused specifically on discharge and how information is transitioned to the next setting of care.

(Slides 10-12) Patient Story: Example: (A real patient story example was provided.) Over the course of one year the patient had 11 admissions and 58 hospital days, 54 studies and 24 chest x-rays. The patient was seen by 7 Attending Physicians, 15 Consultants, 62 Registered Nurses, 9 Physical/Occupational Therapists, 12 Case Managers, 1 Social Worker, and 6 Staff members from Nutrition Services. Primary Care Physicians, Family Members, Skilled Nursing Facilities, and Visiting Nurses were involved in patient care after discharge. After patient discharge printed summaries with instructions are provided, but there is no way to ensure that each caregiver involved will receive the most current information which is critical to providing optimal care.

(Slide 13) MRMC Use Case for the Mass Hlway: Upon discharge, the Hlway will allow documentation to be sent electronically to two trading partners: Medway Country Manor (skilled nursing facility); and CAREtenders (home health care/VNA) *(Note: Detail on both trading partner organizations provided in slides 15-16.)*

(Slide 14) MRMC Mass Hlway Team: A list of stakeholders working on Hlway connectivity was provided including members from trading partners and the MRMC team.

(Slide 17) Goals for the Project: MRMC will continue to work toward reducing unnecessary readmissions and also use the Hlway to satisfy Meaningful Use stage 2 requirements for transitions of care.

(Slide 18) MRMC Joins the Mass Hlway: A diagram of the connectivity and trading partners was provided. MRMC will continue to identify and connect with trading partners (identified on the slide).

- Question (Meg Aranow): How will Medway and CAREtenders interact with the Hlway?
 - Answer (Nicole Heim): MRMC will send the transition of care documents, upon discharge, electronically via the Hlway to these trading partners. CAREtenders does not have an EHR so they are utilizing the webmail services (email) to receive and print the transition of care documents.
- Question (Lawrence Stuntz): What were the biggest challenges?
 - Answer (Nicole Heim): Vendor readiness. Right now Meditech is not ready to go past the pilot phase and is still working with Orion. We have met the first two milestones of the grant (Last Mile Connectivity Grant), but cannot move forward until Meditech is ready.
- Follow-up Question (Laurence Stuntz): Is Meditech saying they will deliver lab results via the Hlway?
 - Answer (Nicole Heim): MRMC plans to leverage its existing Local Application for Network Distribution (LAND) box and use Health Level 7 (HL7) messages to transmit the data to the Hlway. UMass also submitted a grant and has asked for electronic lab results only, however they will receive the full CCD which includes lab results. MRMC believes having all of the information in addition to labs can be helpful. Right now Meditech

does not plan to utilize the LAND box. MMRC is not positive that they will be able to deliver lab results.

- Short discussion (Nicole Heim, Larry Garber, Manu Tandon, Karen Bell): There was a short discussion of the stage 2 meaningful use transition of care (TOC) measure requirements: *“The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.”* The group clarified that when a provider sends a summary of care record through the Mass Hlway, which is a certified solution, there is no requirement for a confirmation of receipt for it to count toward the TOC measure.
**Post meeting note: ONC clarification may be found at:
http://www.healthit.gov/sites/default/files/key_considerations_for_hios_stage_2_toc_final.pdf
- Question (Meg Aranow): How ready are your partners?
 - Answer (Nicole Heim): 3 are ready, 6 have expressed interest. We want to connect to 20 or so partners.
- Question (Audience – Lisa Fenichel): Are the patients and families integrated?
 - Answer (Nicole Heim): Not through the Hlway – they get information through our patient portal.

Discussion Item 2: Policy Positions & Advisory Group Updates (Slides 20-25)

See slides 20-25 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Micky Tripathi, CEO of the Massachusetts eHealth Collaborative (MAeHC), updated the Council on draft policy positions and advisory group updates.

(Slide 20) Policy Position – Phase 2 Consent: Unlike Phase 1, which was essentially secure email, Phase 2 adds the ability to for a participant to query for patient records and participate in a centralized Relationship Listing Service (RLS). Hlway participants can see the [patient consented] organizations related to a given patient [after receiving proper patient consent to view the RLS]. The RLS will be populated only with patient consented relationships. No patient medical record information is persisted, only enough demographic information to identify the patient and the identity of the organization having the patient relationship.

Draft policy for phase 2 consent: In Phase 2, Mass Hlway requires that participating organizations obtain and record Patient permission to: 1) Publish to and view the patient’s demographic information and organization relationships on the Mass Hlway Relationship List; 2) Request the patient’s medical record from another provider organization using the Mass Hlway

Patient consent preferences must be recorded and maintained by the data holding organization. The provider organization may combine the requirements into one consent permission. The Mass Hlway must be clearly named on the forms (per Chapter 224). Changes in consent must be recorded and

updated at the provider organization to send an update message to the HIway. (Note: Final policy language is still being developed.)

- Question (Karen Bell): Is this mostly policy at this point? Has there been discussion around enforcing this?
 - Answer (Micky Tripathi): These will all be outlined in the Participation Agreement (PA). EOHHS plans to audit and will develop actions for non-compliance.
- Question (Michael Lee): If a patient wants to change their preferences, will they contact the provider organization or the HIway?
 - Answer (Micky Tripathi): The provider organization or record holder would update the information. Right now it is facilitated by the patient facing organization, down the road that may change.
- Question (Normand Deschene): Will there be templates or example language to help organizations develop consent forms? Particularly small provider offices.
 - Answer (Micky Tripathi): Yes, we are working on a model with example language, but it will not be binding. Providers can take the example language and run with it.
- Question (Robert Driscoll): A lot of organizations, like behavioral health facilities, may have a patient request that only some of the information be sent, but not all of it.
 - Answer (Micky Tripathi): In general it will be in the hands of the provider organization to figure that out. Title 42 will have a whole set of requirements to sort out. Those organizations may not want to push information but may want to pull information from others.
- Question (Maggie Sipe): If a patient wanted to “disappear” from the system would they have to go to each provider?
 - Answer (Micky Tripathi): Initially it is up to the patient to contact all providers. Eventually we want patients to view the RLS directly and control updates there.
- Question (Maggie Sipe): Will consent expire?
 - Answer (Micky Tripathi): That is still an open policy decision.

There was a short discussion about consent within large organizations that include smaller entities especially where the sub-organizations have sensitive information disclosure requirements (e.g., Partners Healthcare and McLean Hospital). Reminder that healthcare organizations and systems will form and break up and the HIway will need to be flexible to market changes.

- Comment (Laurance Stuntz): We spoke with the Attorney General’s office and they expressed interest in learning more about the policies around consent.

(Slide 21) Policy Position - Patient Data Collected and Stored: When a patient has consented, demographic data will be collected and stored. (See slide for list of data collected and stored by HIway) If the patient has said “no” from the beginning they will not even show up (in the patient search or RLS). A second open policy question is what data is displayed on the RLS. The Technology Advisory Group suggested including the Medical Record Number (MRN) of the data holder in the medical record request.

(Slide 22) Policy Position-Permitted Uses and Users: In Phase 2 the HIway may be used for treatment, payment and operations. Permitted users include MA residents, MA licensed providers and provider organizations, MA licensed health plans, authorized Commonwealth agencies and business associates.

- Question (Laurence Stuntz): Is the idea to eventually expand the use case into other states, or have out of state organizations join the HIway?
 - Answer (Micky Tripathi) Currently there has not been a request from an out of state entity, like Children's Hospital of Atlanta asking to be a HIway member, however the team understands that they will need to deal with patients crossing borders.
- Question (Larry Garber): How would a service like KeyHIE (Vendor which converts MDS or OASIS into CCDs) join the HIway?
 - Answer (Micky Tripathi): They would be considered a business associate; they are providing services to covered entities, similar to the MAeHC Quality Data Center.
- Question (Daniel Mumbauer): We have patients that cross state lines, how do you see this playing out?
 - Answer (Kathleen Snyder): If the HIway participant is a Massachusetts licensed provider they can serve patients from outside of the state. Policies regarding patient access to HIway services are still under development and we'll need to determine what to do with non-residents that receive services from a Massachusetts HIway member.

(Slide 23) Policy Position- Data Access: The data on the RLS will only be accessible to provider organizations that have a relationship with the patient.

- Question (Robert Driscoll): How will payers interact with the HIway? Is the patient giving the health plan permission?
 - Answer (Micky Tripathi): The policies around payer participation in Phase 2 are still being discussed. For example, right now health plans manually retrieve medical record information for chart reviews - the HIway could enable electronic retrieval. On the flip side, the information contributed (by health plans) is still being discussed.
- Question (Steve Fox): Are payers included in phase 2?
 - Answer (Micky Tripathi): Yes they are included, but will not be included from the start—there are just some open policy questions to figure out.

(Slide 24&25) Advisory Group Update: All four advisory groups met in September and provided valuable input on the Mass HIway Phase 2 policies; permission to publish and view the Relationship Listing Service and permission to request a patient's medical record. (Please see slides 24 and 25 for details)

Discussion Item 3: Mass HIway Outreach & Sales Update, Implementation and Support Update (Slides 27-39)

See slides 27-39 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Sean Kennedy, Massachusetts eHealth Institute (MeHI) HIE Director, presented an update on the Mass HIway Last Mile program

(Slides 27) Hlway Implementation Grants: The Council was provided with a graph highlighting grantee enrollment numbers by quarter. There are 32 grant awards (UMass and North Adams received two awards). Network Health in Brockton, an original grantee, is leading the way right now.

(Slides 28-30) Use Case Distribution: A use case graph was provided; detailing what types of information is being sent and received. Care summaries and referral requests are the top two use cases.

MeHI is providing use case workshops, helping attendees understand how to use the Hlway, identify use cases, example use cases and accelerate their path to using the Hlway. A number of grantees are asking how they will interact with the Hlway. The slide share on the MEHI website has the workgroup presentation slides. On October 10th there will be a forum for grantees and their collaborators to spend the day and learn about issues and collaboratively work through those problems. A mid-term report is due today, which will fuel some of the sessions, providing a lot of statistics, issues and lessons learned from the grantees.

(Slide 31) Mass Hlway eBook: A sample Hlway eBook was passed around the room; it is a quick flip through about how to connect to the Hlway. A copy of this content is included at the end of the presentation.

(Slide 32) Hlway Vendor Grantees: 14 grants were awarded, 1 declined. Current challenges include connectivity via a Health Information Service Provider (HISP), SMPT Client Service and directory availability, and testing against the provider directory.

(Slide 33) Comments on Measurement: The Last Mile team is looking at the current level of effort required to support participant onboarding for purposes of future resource planning.

(Slide 34) Last Mile Scorecard: An updated Last Mile Scorecard was provided. The numbers of PAs signed were short for the 3rd quarter; 9 organizations forecasted to join are not going to join. A number of vendors do not want to approach their clients until the interfaces are ready. It is difficult to measure organizations covered by a Hlway PA, there are too many variables. Grantees that have signed test agreements are on track; plan to have all 7 by the end of the month. Overall dollars spent is running on the low side; some things cost less money, others may not happen like the consumer engagement program.

- Question (Michael Lee): Where are we with the HISP to HISP connectivity?
 - Answer (Manu Tandon): We have an approach now and are working with each HISP individually. Connection with eClinicalWorks (eCW) and Surescripts are priority.
- Follow-up Question (Michael Lee): Is there an estimated timeframe?
 - Answer (Manu Tandon): Those mentioned should be done in 2013 with the rest to follow in 2014.
- Question (Karen Bell): Have you thought of any way to capture the effect that this is having on the population? Is there some way to come up with statistics around the percent of outpatient visits or hospital visits?

- Answer (Sean Kennedy): The grantees are required to report metrics throughout the course of the grant. For example, Nicole (Milford Regional Medical Center) is focusing on re-admission statistics. However there needs to be more discussion around state objectives around public health.

Slides 35- 42 were presented by Manu Tandon.

(Slide 35) September Activity: Eight organizations moved into production (exchanging patient data) in September, making the total number 34. One organization went live (connected by not exchanging data) totaling 11. Overall 45 organizations are on the HIway.

(Slide 36) New Participation Agreements: 14 PA's were signed in September. A list of the organizations was provided on the slide.

(Slide 37) Totals: An update on the number of transactions was provided. In September there were 110,547 transactions, overall totaling over 1,557,181 transactions, 55 organizations have signed agreements and are in various stages of connectivity. 18 are actively moving toward implementation/live status, 24 are waiting for vendor solutions and 13 are waiting for the vendor to enable the HISP to HISP solution.

(Slide 38) HIway Website is Live: A screenshot of the new HIway website was provided. It is a static website right now but onboarding functionality is coming.

(Slide 39) HIway Phase 2 High Level Project Schedule: A slide highlighting activity progress was presented. The Opioid Treatment Program (OTP) Node completed testing in September; it will go live once there is a partner. The cancer registry is still on track for go-live in December.

- Question (Secretary Polanowicz): Can you give us an update on the kick-off event for Phase 2?
 - Answer (Manu Tandon): Yes, we are working on a plan for the event, but the details are not completely figured out. A few more things need to fall in place and an update will be provided at the next Council meeting.

The Next HIT Council Meeting is scheduled for **Tuesday, November 12, 2013** from 3:30pm-5pm at One Ashburton Place, 21th floor, in the Matta Conference Room.

The HIT Council meeting was adjourned at 4:49 P.M.

Heath Information Technology Council Resolution
October 7, 2013
Approval of Expenditures from the
Massachusetts Health Information Exchange Trust Fund

WHEREAS: Section 5 of MGL 118I requires the Health Information Technology Council (HIT Council) to approve all expenditures from the Massachusetts Health Information Exchange Trust Fund (HIE Fund); and

WHEREAS: Section 10 of 118I states funds credited to the HIE Fund shall be available for reasonable expenditure by the Executive Office of Health and Human Services (EOHHS) for such purposes that EOHHS determines are necessary to support the dissemination and development of the statewide Health Information Exchange (MA HIway); and

WHEREAS: EOHHS requests approval from the HIT Council to expend monies from the HIE Fund for the payment of ongoing operational costs necessary to support the dissemination and development of the MA HIway; and

WHEREAS: EOHHS will provide reporting documentation to the HIT Council on a periodic basis regarding the expenditure of monies from the HIE Fund.

NOW THEREFORE:

The HIT Council approves EOHHS's request to expend monies from the HIE Fund for the payment of ongoing operational costs necessary to support the dissemination and development of the MA HIway.